



Request for Reauthorization Under the General Permit for Diversion of Water for Consumptive Use

DEP USE ONLY

App. No. _____

Co./Ind. No. _____

Notice to Requesters: Please complete this form in accordance with the instructions (DEP-IWRD-INST-001R) to ensure the proper handling of your request for reauthorization. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the applicable total fee with this form. **This form is only for those currently authorized under the General Permit for Diversion of Water for Consumptive Use (DEP-IWRD-GP-001) expiring on June 26, 2007.** Those not currently authorized as such and seeking coverage under the *General Permit for Diversion of Water for Consumptive Use* must complete Form DEP-IWRD-REQ-011 or DEP-IWRD-REQ-012 depending on their eligibility category. **In order to use this form, the quantities requested in Part VI, no. 2 below must be equal to or less than previously approved quantities.** Any increase of such quantities will result in the rejection of your request, whereby your activity may be eligible for authorization under other consumptive diversion general permits or through an "individual" water diversion permit.

Notice to Municipal Agencies: This is a request for reauthorization submitted to the Department of Environmental Protection (DEP) pursuant to CGS section(s) 22a-6 and 22a-378a. Call the DEP's Inland Water Resources Division should there be any questions at 860-424-3019 or 860-424-3706, Monday through Friday, except holidays, from 8:30am to 4:30pm.

Part I: Requester Information

Fill in the name of the requester(s) (applicant) as indicated on the *Permit Application Transmittal Form* (DEP-APP-001):

Applicant/Requester:

Mailing Address:

City/Town:

State:

Zip Code:

Phone:

ext.:

Fax:

E-mail:

Contact Person:

Title:

☐ Check here if there are co-requesters. If so, label and attach additional sheet(s) with the required information as supplied above.

Part II: General Permit Type and Fee Information

Check the appropriate box to indicate the activity that is the subject of this request for reauthorization. Please complete one *Request for Reauthorization* for each current authorization you wish to reauthorize. For municipalities, a 50% discount applies. The request for reauthorization will not be processed without the permit fee.

Subject Activity	Fee
<input type="checkbox"/> Water Supply System Interconnection	\$1000.00
<input type="checkbox"/> Unregistered Water Supply Systems	\$1000.00
<input type="checkbox"/> Diversion of up to 250,000 gallons per day New Water	\$1000.00
<input type="checkbox"/> Backup Wells	\$1000.00
<input type="checkbox"/> Small Water Supply System	\$1000.00
<input type="checkbox"/> Restoration of Lost Capacity	\$1000.00

Part III: Existing Authorization

Include a copy of your current *General Permit For Diversion Of Water For Consumptive Use Authorization* as Attachment A.

Application/Authorization Number:

Issue Date:

Part IV: Compliance and Enforcement History

Complete and include an *Applicant Compliance Information Form* (DEP-APP-002) as Attachment B.

Have all requirements of your current authorization been met including special conditions, record keeping and reporting requirements? ☐ Yes ☐ No

If no, explain:

Note: Failure to meet requirements of your current authorization or commission of a significant violation of environmental law may result in request denial.

Part V: Listed Species

1. Is the subject activity a) located within an "NDDDB Area of Concern", b) involve a water body that is within an "NDDDB Area of Concern", or c) upstream or downstream (by less than 1/2 mile) from an "NDDDB Area of Concern", as depicted on DEP's "State and Federal Listed Species and Natural Communities Map"?

☐ Yes

☐ No

Date of Map:

If yes, complete and submit a *Connecticut Natural Diversity Data Base* ("NDDDB") *Review Request Form* (DEP-APP-007) to the address specified on the form.

When submitting this request for a reauthorization, please include copies of any correspondence with the NDDDB, including copies of the completed NDDDB Review Request Form, the NDDDB response, any field surveys, and any other information which may lead you to believe that endangered or threatened species may or may not be located in the area of your subject activity, in Attachment C.

2. Has a field survey been conducted to determine the presence of any state endangered, threatened or special concern species? ☐ Yes ☐ No If yes, provide:

Biologist's Name:

Address:

and submit a copy of the biologist's field survey with your application in Attachment C.

Part VI: Project Summary

1. Regulated Activity

Describe the diversion, which is the subject of this request for reauthorization including the reason for the diversion and the present use of the water diverted.

☐ Check if additional sheets are attached to this page.

2. Quantity, Rate, Frequency and Duration of Diversion

Note: All quantity, rate, frequency and duration figures entered below must be equal to or less than those currently authorized under the *General Permit For Diversion Of Water For Consumptive Use* (expiring June 26, 2007) to be eligible under the *General Permit For Diversion Of Water For Consumptive Use - Reauthorization*.

a. Name of diversion structure(s):

b. Maximum daily withdrawal: mg
(i.e. the largest volume of water to be withdrawn in any 24 hour period)

c. Maximum rate of withdrawal: cfs

d. Average day-maximum month withdrawal: mgd

e. Frequency of withdrawals: hours/day days/year

f. If the withdrawal is seasonal provide dates diversion will be used:

Part VII: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this *Request for Reauthorization* form. When submitting any supporting documents, label the documents as indicated in this part (e.g., Attachment D, Location Map, etc.) and be sure to include the requester's name as indicated on the *Permit Application Transmittal Form*. Note that in addition to the supporting documents described in previous sections, your request for reauthorization must include a location map as Attachment D.

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|--------------------------|---------------|--|
| <input type="checkbox"/> | Attachment A: | Existing Authorization: a copy of the entire authorization of coverage under the DEP's <i>General Permit for the Diversion of Water for Consumptive Use</i> (expiring June 26, 2007). |
| <input type="checkbox"/> | Attachment B: | Compliance and Enforcement History: a completed copy of the <i>Applicant Compliance Information</i> form (DEP-APP-002). |
| <input type="checkbox"/> | Attachment C: | Natural Diversity Data Base (NDDB) Information: A copy of the completed <i>CT-NDDB Review Request Form</i> (DEP-APP-007), the NDDB response thereto, and any biologist's report on endangered, threatened or special concern species if applicable. |
| <input type="checkbox"/> | Attachment D: | Location Map: an 8.5" X 11" copy of the relevant portion of the most recent version of the United States Geological Survey topographic map at a (scale of 1:24,000) depicting the location of the subject withdrawal(s) and, if possible, the property boundaries wherein the subject withdrawal occurs. |
| <input type="checkbox"/> | Attachment E: | Additional Information: Include in this attachment any additional information not specifically requested which may assist the department in determining compliance with this general permit. |

Part VIII: Copy of Request for Reauthorization to Municipal Agencies

You must submit a complete copy of your request for reauthorization to the municipal inland wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality that will or may be affected by the subject activity. Enter the names and addresses of the municipal agencies which were provided a complete copy of your request for reauthorization, including all of its attachments, the date such copy was submitted (Date of Service), and the Type of Service (check one).

Inland Wetlands Agency:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service: ☐ First class mail ☐ Certified mail ☐ Hand delivery

Conservation Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service: ☐ First class mail ☐ Certified mail ☐ Hand delivery

Planning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service: ☐ First class mail ☐ Certified mail ☐ Hand delivery

Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service: ☐ First class mail ☐ Certified mail ☐ Hand delivery

Combined Planning and Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service: ☐ First class mail ☐ Certified mail ☐ Hand delivery

☐ Check this box if the agencies of another municipality were served a copy of this request for reauthorization and attach to this page additional sheets listing the agency names and addresses where a copy of the request was mailed or delivered, the date of such service and the type of service used.

Part IX: Requester Certification

The requester *and* the individual(s) responsible for actually preparing the request for reauthorization must sign this part. A request for reauthorization will be considered incomplete unless all required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I certify that this request for reauthorization is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that a complete copy of this request for reauthorization, including all documents attached thereto, was sent by regular or certified mail or was hand delivered to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality which is or may be affected by the subject activity.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

Signature of Requester

Date

Name of Requestor (print or type)

Title (if applicable)

Signature of Preparer

Date

Name of Preparer (print or type)

Title (if applicable)

☐ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the permit fee, the original of your completed *Permit Application Transmittal Form*, the original **and two copies** of your *Request for Reauthorization* form and all supporting documents attached to and a part thereof to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

One complete copy of your *Request for Reauthorization Form* and all documents attached to and a part thereof must also be submitted to each municipal agency listed in Part VIII of this form.

IMPORTANT: A diversion is authorized under the *General Permit For Diversion Of Water For Consumptive Use – Reauthorization (DEP-IWRD-GP-001R)* upon receipt, by the commissioner, of a complete, sufficient *Request for Reauthorization* and appropriate fee, in accordance with Section 4 of that general permit.